

THE SOCIAL AND REHABILITATION SERVICE, DEPARTMENT OF HEALTH, EDUCATION AND WELFARE - ITS PHILOSOPHY AND FUNCTION

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THE SOCIAL AND REHABILITATION SERVICE— ITS PHILOSOPHY AND FUNCTION

By Mary E. Switzer

“We are partners in a grand adventure. We are offered the most challenging opportunity of all history: the chance to help create a new society in which men and women the world around can live and grow invigorated by independence and freedom.”

Are these words from “the New Frontier” or “the Great Society”? Are they words sprung from a dreamer’s hopes, coming to life from the ashes of a stricken society in our recent past? No, they were written a quarter of a century ago and come from the grass roots of our country, in a world wracked by war. But they are relevant now, as in a new context we remember the phrases of Wendell Willkie.

Time Is of the Essence Today

Our world, as we know it today, is new. It is in revolutionary ferment. Its form is that of new people in an expanding population; new and complex social structures; and therefore, rising needs for more and better services for the disabled and the disadvantaged.

Our world is new because of the extent and tempo of change that characterizes our time. There is almost no way to compare the present with any other period of history. Man, in the past, had time to study and understand his environment. He had time deliberately and methodically to develop solutions to his problems. But the great social and political problems that appear to be closing in on us today seem to have no precedents. And today, time is of the essence.

To deal with the kinds of problems facing us now, our society needs men and women who think creatively. We need leaders, doers, managers, scientists—individuals who respect tradition, but who also are unafraid to question it. There is a particular need for such qualities among those who shape our social programs.

It was the determination to provide a setting in which imaginative management could achieve the best results that led to the reorganization of the Department of Health, Education and Welfare. A major feature of this reorganization was the creation of the Social and Rehabilitation Service (SRS) by Secretary John W. Gardner on August 15, 1967. The establishment of this new component of HEW, combining under unified direction the Department’s far reaching social programs, is more than simply an organizational change. It involves, as well, a change of emphasis, a redirection of effort, a new approach.

The real significance of this is the spirit of innovation and renewed appreciation of the individual in modern society that it introduces into the organizational structure of our social programs.

In announcing the establishment of SRS, Secretary Gardner stated¹ that it was the merger of three existing agencies—welfare, vocational rehabilitation and aging.

There are three key features of the reorganization. First, in the new Social and Rehabilitation Service we have brought together the various services of HEW that deal with special groups: the aged, the handicapped, disadvantaged families and children.

Second, we have separated the administration of programs having to do with cash payments—that is, public assistance payments—from the programs offering rehabilitation and social services.

Third, we have established a single regional commissioner of the new Service in each of HEW's nine regions throughout the country.

Thus, it may be seen that HEW, working with and through the states, counties and local communities, will be able to provide increased help to these special groups. It helps toward meeting their basic needs, where necessary, by financing medical costs through Medicare and Medicaid, through cash payments for old age assistance and aid to the blind, and to the totally and permanently disabled, the families with dependent children. And it also provides a wide range of services aimed at rehabilitation in the broadest sense of that word—giving people opportunities to become self-supporting and self-sufficient, where possible; releasing and fostering their energies and talents; enhancing their capacity to cope with the world and to be responsible and participating citizens—thus enabling them to live their lives with some measure of dignity.

Program Due For Future Expansion

Rehabilitation can take many forms. It may mean, in one instance, giving a blind boy the training he needs so he can become a skilled mechanic. In another case, it may mean helping an elderly person find meaning and satisfaction through participation in a foster grandparents' project, at the same time providing a deprived youngster with the interest, attention and affection of a responsible adult. It can mean helping a bewildered and frightened AFDC² mother to develop a realistic budget, receive information about family planning, learn to cope better with the tasks of housekeeping and child-rearing, and perhaps get the training she needs so she can get a part-time or full-time job, providing day care for her children while she gets it. Already, we have had a good deal of success in preparing the unemployed parents of AFDC children and other needy people for jobs—about 36,000 have become partially or fully self-supporting under the relatively limited work experience program we have been running for the past two and a half years—and we expect to expand that program in the future.

Assigning the aged, the handicapped, the children special status within the new Service, while preserving administrative integrity, insures that each will receive the priority attention they need and deserve.

But we usually find that the trouble an individual or a family is facing is a combination of several related problems requiring a combination of approaches. And those problems, different though they may be, are all concentrated in that one person or

¹Statement given by Secretary John W. Gardner to the press, August 15, 1967.

²Aid to Families with Dependent Children

one family; therefore, we must not take a fragmented approach. We want to encourage a unified approach to the problems of all these groups, with special emphasis on the family. We believe that the new Service can make this possible and that each of its parts can draw on the strengths of the others and that they can be mutually reinforcing.

The second key feature of the reorganization is that we have separated the two basic functions: the fiscal, on the one hand, and the services, on the other. The new Assistance Payments Administration will be responsible for the provision of policy guidance to state agencies in the administration of the money payment aspects of the public assistance programs. Several states and cities have already taken, or are contemplating taking, steps to separate the administration of payments and the provision of services, in the interests of efficiency and of saving scarce time and talent for the provision of rehabilitative services. But it should be emphasized that the form of organization we are adopting here is not intended to predetermine forms of organization at the state and local level.

Maximum Encouragement and Support

The third key feature of the reorganization is that an SRS commissioner in each of the regions will supervise all the programs and activities of the Service in his region and will give approval to all state plans. We expect that this will make it easier for the states and communities to deal with the Federal Government on all these matters.

This means, in effect, that we have not brought our social programs together in Washington alone; we have carried this organizational philosophy as far as we possibly could by implementing it in the regional offices. In this way, we are providing maximum encouragement and support for efforts to blend all kinds of Federally-supported social services at the points where they actually are delivered to the beneficiaries.

The vesting of substantial authority in the Regional Commissioners takes account of the necessity for close collaboration between public and voluntary programs and makes it easier to bring public and voluntary activities together. Voluntary agency representatives, as well as state and local officials, will find it much easier to deal with our Department's social programs than was the case before we had Regional Commissioners guiding these programs in their respective regions.

The greatest challenge to administrators of service programs today is to simplify the delivery of these services within the community and thus make it easier for individuals in need of help to find out where that help is available. No Federal reorganization can completely solve this problem. However, the changes made in the Department of Health, Education and Welfare will be helpful to agencies and individuals in the field in their efforts to serve the total family and individual needs of their clients, and to make our social programs more understandable and thereby more useful to people in distress.

For example, it would be possible now for a state to decide that it would provide fully for the health and welfare of its blind citizens—identifying the babies with visual defects through the health programs of the Children's Bureau, following the children through school age, and then working again through the school health programs of the Bureau to the time when rehabilitation services could be planned. At the same time, all of the Social and Rehabilitation Service components could ensure that other counterparts in the state had a firm plan for total service to all blind people; from children to the very old—planning and development could be accomplished through the Regional Office with the Regional Commissioner bringing in representatives of the health and educational

programs of the Department, as well as the many voluntary agencies, to complete the picture.

Citizen Involvement a Healthy Trend

Consumer desires long have been a dominant consideration in the American market place, and consumer desires also are taken into account in the design and the provision of most public services. However, until now, scant attention has been given to the desires and preferences of the consumers of some of our important social services such as public welfare. In the past, this may have been due to apathy on the part of those who depend on these services. But today, those who depend upon the Social and Rehabilitation Service programs show active concern rather than apathy. They are ready and they are able to communicate their needs.

Citizen involvement—particularly by those directly concerned—is a healthy trend. It is one that can be channelled into constructive efforts aimed at improving the quality of SRS services by making these responsive to the needs of the people. Accordingly, there is established within the Social and Rehabilitation Service an Office of Citizen Participation to take full advantage of the interest and concern of people who have first-hand knowledge of the services provided for them. This new Office will be of help to state and local welfare offices in making use of the great potentials of citizen volunteer energy, skill and interest.

Creation of SRS is based on the recognition that we must do a much better job of giving people on public assistance the help, the skills and the incentive they need to become independent. It offers the promise of better services for the many Americans who will continue to need assistance because of their youth, their age, their disability, or for other reasons. The aim, of course, is to do a better job of enlarging the area in which these individuals can improve the quality of their lives by their own efforts.

When Secretary Gardner pointed out that an Office of Research and Demonstrations was being created under an Assistant Administrator, he said, "Its sole charge from me, is to develop policies and projects that are innovative and experimental—all of them aimed at finding ways of delivering services more effectively, more efficiently, more quickly. That is the spirit we want to characterize all our efforts."

He added: "Some time ago we announced the establishment of the Center for Community Planning, attached to the Office of the Assistant Secretary for Individual and Family Services. This Center is now operating. We feel it is one effective means through which we can address ourselves directly to the problems of our central cities. And it provides a good example of the kind of unified approach we want to take. At the moment, for instance, the Center is cooperating with HUD in the development of neighborhood centers being established in 14 cities throughout the country. And it is receiving wholehearted cooperation from all the agencies in HEW that can be helpful: from the health people, from various units of the Children's Bureau, from mental health experts. The creation of a unified Social and Rehabilitation Service will greatly facilitate this kind of exchange of information."

Reorganization and Improved Services

Preparations for the changes included extensive consultations, going back over almost a year, with numerous state and local officials and many others in and out of government. The result is a new grouping of programs providing the machinery by which we can carry out functions and facilitate services to the people where they live.

The touchstone of the new organization and the philosophy underlying its services is rehabilitation—in the very broadest meaning of that term. Greater effort than ever before will be devoted to providing the kinds of help that will enable the poor and the dependent—as well as the disabled—to enter more fully and productively into community life. Stated in the simplest terms, the basic aim of the reorganization was to enable the programs in SRS to provide better services to the public. But to appreciate fully the implications of these changes, it is essential to emphasize again the organizational objectives stated by the Secretary.

First, the unification of the administration of closely allied social programs that deal with special groups—children and youth, the aged, the disabled (including the blind), and individuals and families in need of economic assistance. The new organization, therefore, identifies the specific target groups which its programs serve.

Second, in designing this new structure, the principle of separation of functions concerned with money payments to individuals on public assistance from those that involve the provisions of social service is fundamental. By this radical change in the approach to the administration of public welfare, it is hoped that scarce social service talent freed from preoccupation with the details of determining eligibility can concentrate on providing services stressing the rehabilitation of the welfare client.

Third, the reorganization took a major step toward decentralization of responsibility to its field offices by designating a single Regional Commissioner within each Region to represent the Administrator of the Social and Rehabilitation Service. His function is to oversee the field staff of the several bureaus of the Social and Rehabilitation Service and to coordinate the entire work of the Service in the Region. Specific delegations include the approval of state plans and certain projects developed within the Region.

The following agencies comprise the operating program of the Social and Rehabilitation Service:

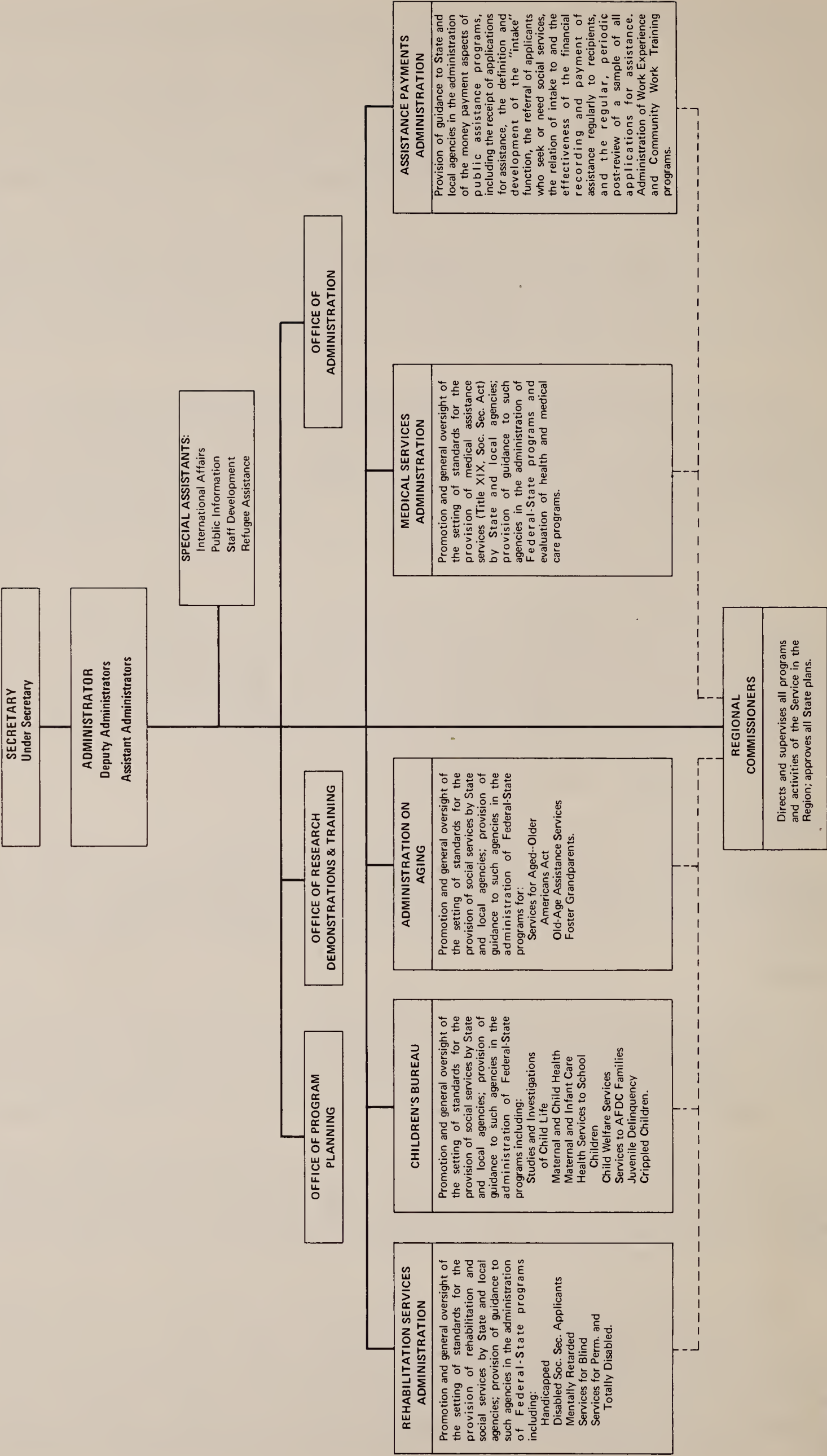
Rehabilitation Services Administration: responsible for programs aiding the handicapped, including migrant workers, disabled Social Security applicants, the mentally retarded (especially through the Bureau of Mental Retardation transferred from the Public Health Service), and for services for the blind and the permanently and totally disabled.

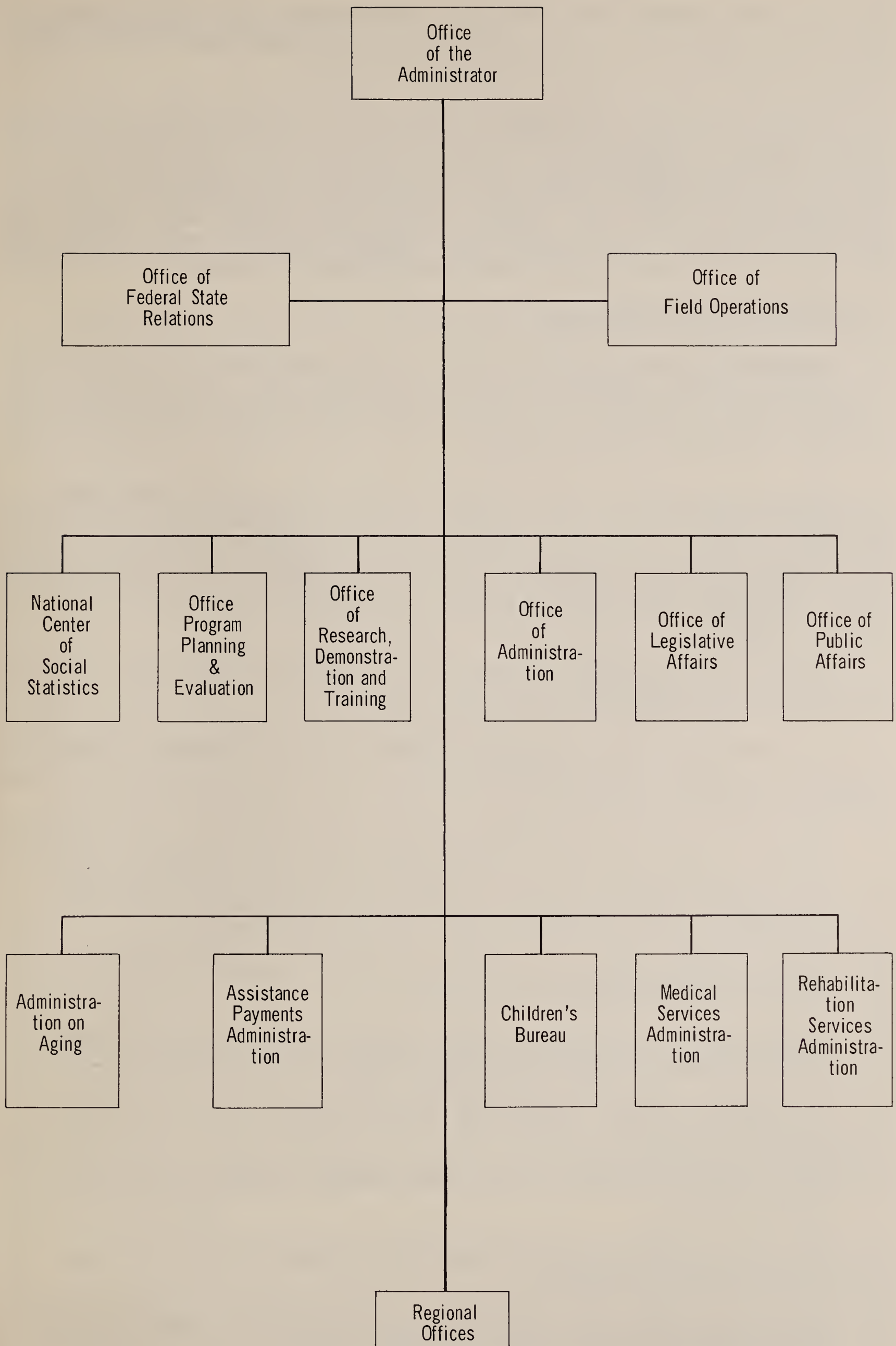
Children's Bureau: responsible for studies and investigation of the status of children, and for Federal-State child welfare, maternal and child health, crippled children and juvenile delinquency programs, for health services to school children and for family and child welfare services, including the development of day care and family planning services.

Administration on Aging: responsible for administration of the Older Americans Act and collecting and disseminating information on the status of Older Americans, and for services for the aged, (including insurance and assistance beneficiaries) standards for services to OAA beneficiaries, and the Foster Grandparent program.

Medical Services Administration: responsible for medical assistance services by state and local agencies, including Title XIX programs. This program was separated from the administration of assistance payments because of its size, complexity and importance for the future. With the enactment of Title XIX in the Social Security Act in 1965, a far-reaching new benefit was provided for recipients of public assistance grants, and in many states for medically indigent persons who were not receiving welfare payments.

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This new Title, popularly called “Medicaid,” provides payments for a wide range of hospital and medical services. It can be one of the most significant bulwarks against disease and disability for people at or near the poverty level.

Assistance Payments Administration: responsible for the money-payment aspects of public assistance programs and for the administration of Work Experience and Community Work Training programs. This new agency is the heart and core of a new focus in providing guides to state and local agencies in changing and improving the administration of their public assistance programs. Its activities will emphasize the principle of separation of the determination of eligibility from the giving of service and thus improve the administration of public welfare programs in the future.

The Challenge and the Opportunity

Throughout all the planning and during the early months of the organization of the Social and Rehabilitation Service, Secretary Gardner emphasized over and over again the basic philosophy underlining his decision to create the new Service. He said it in many ways, but the following expresses it well:

“A word about rehabilitation: I use the word in its broadest sense. By rehabilitation I mean giving people the chance—and the challenge—to develop their own resources, inner and outer, to become as independent and responsible as possible. I mean giving people the chance and the challenge to make the most of their talents and their lives and to find personal satisfaction and fulfillment through participation, to live their lives with some measure of dignity.”

The magnitude of the task of applying this principle to the far-reaching corners of our country is well illustrated by a few current facts.

In partnership with state and local government, and with voluntary agencies and institutions, the Social and Rehabilitation Service will have responsibility for a large number of persons:

- About 7.6 million persons (four percent of the population) receive cash assistance at any given time under Federally-aided programs. These payments total about \$4 billion annually, of which 62 percent comes from the Federal government, and the balance from state and local governments.
- Almost 200,000 persons are rehabilitated for gainful employment each year through vocational rehabilitation programs.
- Over 6 million needy persons receive medical services each year through Federally-assisted programs, including the new Title XIX Medicaid program.
- Over 600,000 children receive child welfare services related to adoption, foster care, or neglect.
- Over 450,000 crippled children receive medical services each year with Federal assistance.
- More than 250,000 women received family planning help last year through Children’s Bureau programs.
- More than 700 projects assisted by the Administration on Aging provide services for many of the 19 million Americans over 65.

The combined 1967 appropriations of the HEW components joined in the SRS totalled \$4.8 billion in Federal funds.

To give reality to the principle of separation of services and the determination of eligibility, it was necessary to build a more constructive context into the operating Bureaus which administer the programs, and to provide them with the essential capacity to develop needed services for special target groups. To this end, the responsibilities for developing services to former public assistance agencies concerned with aid to the blind and aid to the totally and permanently disabled have been transferred to the Rehabilitation Services Administration. Similarly, those services for recipients of Old-Age assistance have been made a responsibility of the Administration on Aging.

Perhaps the most fundamental change of all has been the transfer to the Children's Bureau of the full responsibility for developing services for the recipients of Aid to Families with Dependent Children. These services include not only the traditional child welfare services of the Children's Bureau, but also development of day care programs for mothers who will be involved in the work incentive training program, and family planning services which are an integral part of the newly-required plans for all families on AFDC.

The theory behind this transfer of function is that agencies—Federal, State, and local—whose main objective is service to a particular group of disabled or disadvantaged people, are more aware of the services that can improve the condition of their clients than a general welfare agency. Amendments to the Social Security Act, signed by the President on January 2, 1968, provide many new ways in which such services can be promoted and provided. One important additional authority given to the state welfare departments provides for the purchase of needed services for the recipients. This makes it possible, therefore, as an example, for agencies concerned with rehabilitation of the blind wishing to improve the mobility and independence of applicants for or recipients of "aid to the blind" to purchase this highly-skilled service from a local community agency, as well as to provide staff assistance to accomplish the objective.

It cannot be stated too often that the Social and Rehabilitation Service is dedicated to the principle that public services should be responsive to public needs and that these needs change, particularly in our society and at this time.

The welfare system of this country has been subjected to wide criticism, some of it deserved and constructive, and some of it grossly unfair. All of us who have anything to do with welfare programs recognize that changes are in order. Some very far-reaching changes already are being put into effect within the welfare system, and others will follow. These changes, both current and future, can be brought about within the framework of our reorganization. The activation of SRS reflects one of our main objectives in the administration of public welfare programs. That objective is to provide intensive help to recipients of public assistance who could—with the proper kinds of services tailored to their needs—become employable. In other words, we seek to rehabilitate that important minority of welfare recipients who possess latent potentials for self-sufficiency. This will require the closest collaboration between rehabilitation and other welfare agencies—a collaboration that is fostered by the organizational characteristics of SRS.

Never before in our history has national attention been focused upon medical care—especially for the poor—to the extent that it is today. Perhaps this fact reflects the growing realization that good health is an essential element in individual achievement and in economic and social stability. There also is a growing realization that reasonably

adequate medical services have not been available generally to the poor, and that this deficiency is one that weakens the entire Nation.

Medicaid to Aid 8.5 Million in '69

Medical assistance continues to grow in importance in the field of public welfare. In the Social and Rehabilitation Service, we have recognized this trend by the establishment of the Medical Services Administration and by the ever-increasing responsibilities of the Children's Bureau for the health of mothers and children. Some idea of the magnitude of the Medicaid operation can be gained from the fact that in 1969 we anticipate that 8.5 million persons will receive assistance through the Medicaid program. Services include in-patient and out-patient hospital care, physicians' services, nursing home care for adults, and related laboratory, x-ray and other services for welfare recipients.

One of the most important aspects of the reorganization and one of the most promising channels for innovation and the development of new ideas is the establishment of an Assistant Administrator for Research Demonstration programs of the former Vocational Rehabilitation Administration, together with the Welfare Administration. In addition, this office has the responsibility for coordinating all of the research and demonstration programs of the Social and Rehabilitation Service, working with universities and private agencies and dedicated voluntary groups throughout the Nation, to pursue research in innovative mechanisms to be tried out and applied widely to improve the whole range of services to people. Applications for grants may be made directly to the Assistant Administrator, Research and Demonstrations, H.E.W., Washington, D.C., or to the S.R.S. Regional Office.

Another important arm of the Administrator's Office is the Assistant Administrator for Program Planning and Evaluation. Through this staff activity there will gradually emerge a unified approach to our legislative programs, a better chance of priorities in the use of our resources, thus working toward better services for all.

Perhaps no development of recent times is more significant than the movement to involve those we serve in the determination of the policies of service. The Public Welfare Amendments of 1967 took this important trend into account when it directed the public welfare programs not only to involve a wider range of volunteers in assisting the public officials, but also to work out ways in which recipients themselves could be part of the staff of these welfare agencies.

People Must Have Hope and Help

An additional factor of major importance is the necessity for better understanding by our citizens of the absolute necessity of a greater degree of knowledge and support of public welfare services generally.

In closing, I can do no better than repeat what I said on August 15, 1967, when I assumed the duties of the Administrator of the Social and Rehabilitation Service:

"Every community has substantial numbers of its citizens unable to do for themselves what is necessary for their daily living. Be they disabled, poor, young, old, or ill, people must have hope and help.

"The greatest concern of many of us today is to reach the people who need our service faster and more effectively. This means cutting down the barriers between

agencies, public and private, and doing it now. This means a greater involvement of our citizens as neighbors. This means the encouragement of voluntary effort in all areas to insure more responsive action to meet human needs in our cities and towns.

“Secretary Gardner’s vision of carrying the services of this Department more effectively to all people challenges us all to find new ways to do this. The creation of the Social and Rehabilitation Service is a direct response to this challenge.

“The task of all of us, as we give new life to this new Service, is to live up to—and go beyond—what we see today as its exciting promise.”

